

**CITY OF CARNATION**

4621 TOLT AVENUE • PO BOX 1238 • CARNATION, WA 98014-1238

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**EMPLOYMENT APPLICATION**

<b>TITLE OF POSITION APPLIED FOR:</b>	<b>DATE AVAILABLE TO BEGIN WORK:</b>
<b>NAME:</b>	<b>HOME PHONE NUMBER:</b>
<b>MAILING ADDRESS:</b>	<b>WORK/MESSAGE NUMBER:</b>
	<b>EMAIL ADDRESS:</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>DRIVER'S LICENSE NUMBER &amp; STATE:</b>
<b>PLEASE LIST ANY OTHER NAMES YOU HAVE USED</b> (including maiden name): • _____ • _____ • _____	
<b>IF YOU HAVE LIVED AT THE ABOVE ADDRESS FEWER THAN 12 MONTHS, PLEASE LIST PREVIOUS ADDRESS(ES):</b> • _____ • _____	
<b>HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain: _____ _____ _____	
<b>OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDE DUI/DWI)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IF YOU ARE EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO GET TO WORK ON TIME EACH DAY AND WHEN CALLED IN ON SHORT NOTICE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WERE YOU HONORABLY DISCHARGED FOLLOWING MORE THAN 180 DAYS ACTIVE U.S. MILITARY SERVICE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes or no above, then Branch of Service: _____ Dates of Active Service: _____	
<b>DO YOU HAVE PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THIS POSITION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**TYPE OF WORK PREFERRED:**

- ☐ Full Time                      ☐ Part Time                      ☐ Temporary
- ☐ Summer                      ☐ Other: \_\_\_\_\_

Will you work overtime when scheduled or requested? ☐ Yes ☐ No

Can you work weekends whenever scheduled or requested? ☐ Yes ☐ No

**IF APPLYING FOR AN OFFICE POSITION:**

Keyboarding: Approximate WPM \_\_\_\_\_

Computer applications/programs with which you have working knowledge:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Office machines you can operate:

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND AND EXPERIENCE:**

**Education (Check all that apply, and list major areas of study):**

- ☐ High School Graduate or GED                      ☐ Some College, number of years completed \_\_\_\_\_
- ☐ Bachelors Degree in \_\_\_\_\_                      ☐ Masters Degree in \_\_\_\_\_
- ☐ Doctorate in \_\_\_\_\_                      ☐ Other (describe) \_\_\_\_\_
- ☐ If you did not graduate High School, what is the highest grade completed? \_\_\_\_\_

**Educational Institutions Attended:**

High School, Name/City/State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College, Name/City/State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other, Name/City/State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**Work History (List most recent experience first):**

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title of individuals who reported directly to you: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Beginning /Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2.	Employer: _____	Job Title: _____
	Employer Phone: _____	Supervisor Name: _____
	Employer Address: _____	
	Title of individuals who reported directly to you: _____	
	_____	
	Dates of Employment: _____	Beginning /Ending Salary: _____
	Duties: _____	
	Reason for leaving: _____	
3.	Employer: _____	Job Title: _____
	Employer Phone: _____	Supervisor Name: _____
	Employer Address: _____	
	Title of individuals who reported directly to you: _____	
	_____	
	Dates of Employment: _____	Beginning /Ending Salary: _____
	Duties: _____	
	Reason for leaving: _____	
4.	Employer: _____	Job Title: _____
	Employer Phone: _____	Supervisor Name: _____
	Employer Address: _____	
	Title of individuals who reported directly to you: _____	
	_____	
	Dates of Employment: _____	Beginning /Ending Salary: _____
	Duties: _____	
	Reason for leaving: _____	
5.	Employer: _____	Job Title: _____
	Employer Phone: _____	Supervisor Name: _____
	Employer Address: _____	
	Title of individuals who reported directly to you: _____	
	_____	
	Dates of Employment: _____	Beginning /Ending Salary: _____
	Duties: _____	
	Reason for leaving: _____	
<b>Please list the name, current phone number, and relationship of references in each of the following categories:</b>		
<b>Supervisor</b>		
1.	Name: _____	Phone: _____
		Relationship _____
2.	Name: _____	Phone: _____
		Relationship _____

**Subordinate (if applying for a supervisory position)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Co-Worker/Peer**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Community Leader**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Critic/Detractor**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Please use this space to list additional remarks, licenses, special skills, training, etc. that is important for us to know regarding your qualifications for this position.

I authorize the City of Carnation, at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or which I may be employed. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal. I understand that all information contained in this application may be investigated. I understand and agree that, if hired, either party may terminate the employment relationship at any time with or without cause, subject only to any applicable laws or express written agreements regulating said employment relationship.

I hereby authorize the City of Carnation to contact any individuals or organizations the City deems suitable to make inquiry regarding my personal character, work habits, work performance, credit, or my knowledge, ability and skill to perform the duties of the position for which I have applied.

I hereby hold harmless and release the City of Carnation, and any persons or organizations contacted by the City of Carnation, from all liability of any kind, regarding their assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied.

I understand and agree that I may be required to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination, or that I may be required to take other physical or psychological examinations, and that any job offer may be conditioned upon the results of said examination(s).

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date